

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000014796

**Entity Name:** STUART L. COHEN, P.A.

**Current Principal Place of Business:**

150 WEST FLAGLER STREET  
SUITE 2600 SUITE 2600  
MIAMI, FL 33130

**Current Mailing Address:**

150 WEST FLAGLER STREET  
SUITE 2600 SUITE 2600  
MIAMI, FL 33130 US

**FEI Number:** 26-1983844

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COHEN, STUART LESQ  
150 WEST FLAGLER STREET  
2600  
MIAMI, FL 33130 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name COHEN, STUART LESQ  
Address 150 WEST FLAGLER STREET  
SUITE 2600  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUART COHEN

PD

01/12/2021

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date